

Person Filing: \_\_\_\_\_  
Address (if not protected): \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Lawyer's Bar Number: \_\_\_\_\_  
Licensed Fiduciary Number: \_\_\_\_\_

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

## SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

In the Matter of (check one or both)  
☐ Guardianship ☐ Conservatorship of

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
A Minor

### RECEIPT OF RESTRICTED FUNDS BY A FORMER MINOR

**Notice to Conservator:** Mail this signed and notarized receipt to Probate Court Administration within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

A. Amount received: \$ \_\_\_\_\_

B. Date received: \$ \_\_\_\_\_

C. Name of financial institution that held the funds:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Former Minor

STATE OF ARIZONA            )  
COUNTY OF MARICOPA    ) ss.

The above receipt was signed before me this date: \_\_\_\_\_ by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Notary Public